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48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

ADDRESS (number and etrare) PO Box 2000 CITY, STATE, and ZIP CODE VENDS 2. NAME OF CANIDATE EUgene YU B. JO FRICE SOUGHT (Sate and Detrice) House GA 12 A FILL NAME, MALLING ADDRESS AND ZIP CODE B. FULL NAME, MALLING ADDRESS AND ZIP CODE B. FULL NAME, MALLING ADDRESS AND ZIP CODE D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE Name of Employer D. FULL NAME, MALLING ADDRESS AND ZIP CODE	1. NAME OF COMMITTEE IN FULL			
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